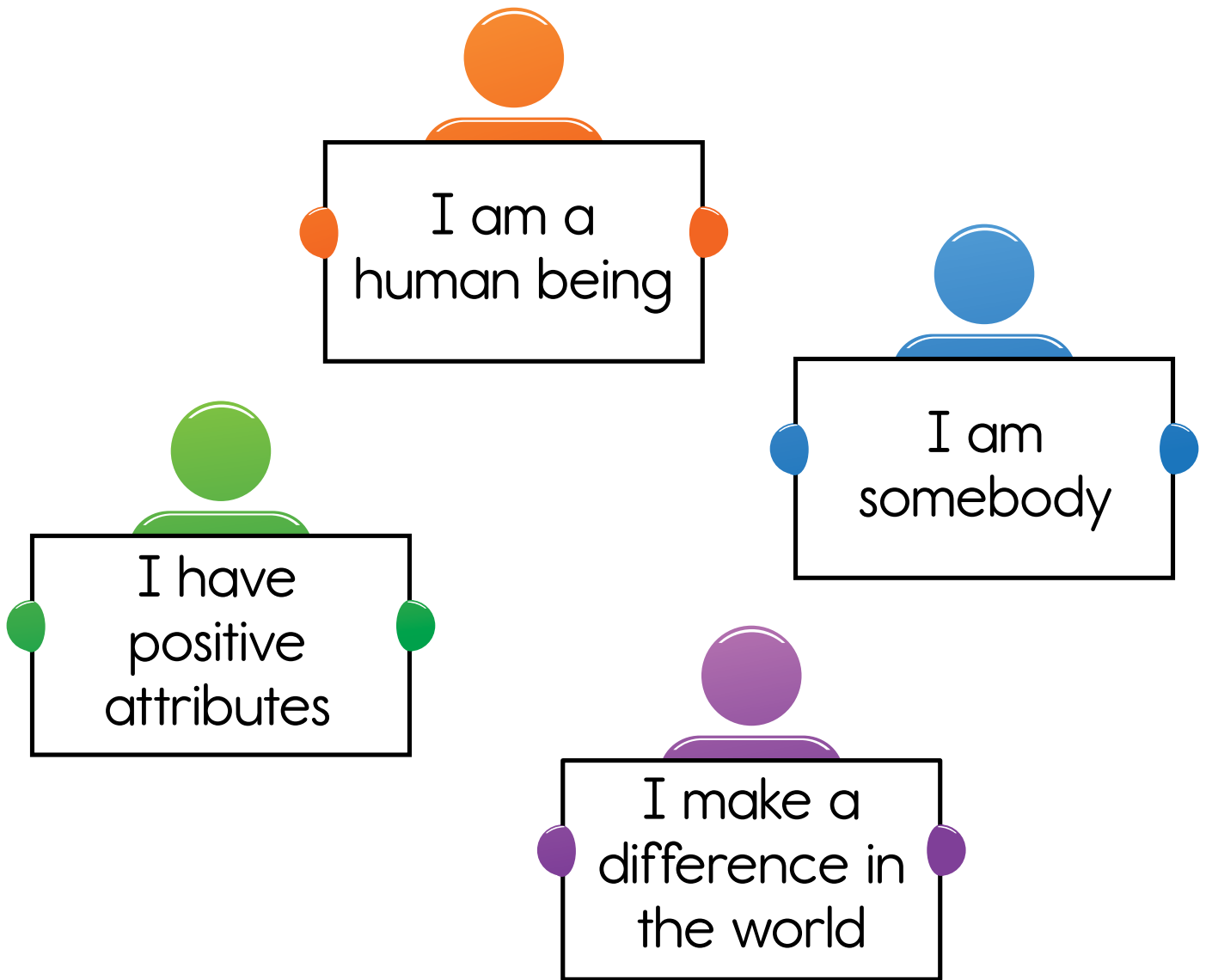


Individualized Health Plan



The role of the nurse in assisting the adult with physical and intellectual disabilities to participate in engaging, understanding and self-advocating for their physical, social and emotional needs at their yearly Individual Habilitation Meeting



My Personal History

My name is: _____

Check one: I am a female I am a male

I am _____ years old. My date of birth is: _____

I live in a group home I live with my family I live with (other) _____

My address is: _____

My telephone number is: _____

I am my own guardian I want to be my own guardian

My guardian's name is: _____

My Case Manager's name is: _____

I work at: _____

I also work in the community at: _____

I volunteer at: _____

My Job Coach's name is: _____

I travel to work/community using the following transportation (*check what you travel in*):

Group Home van School bus Car Public transportation

My Medical Doctor/Medical Nurse Practitioner's name is: _____

My Psychiatrist/Psychiatric Nurse Practitioner's name is: _____

I receive the following therapies (*check the ones you receive*):

Speech therapy Physical therapy Occupational therapy Behavioral therapy

My Physical and Health Information

The yearly physical is a tool that can help my doctor/nurse practitioner keep me healthy. It is important for me to understand all parts of the yearly physical and to ask questions about my body, my mind and my ability to lead a full and independent life.

My diagnosis (health challenge) is: _____

I want to understand my diagnosis better: Yes No

I have had the following operations: _____

I have special treatments to help me: _____

I received immunizations and other tests required at my workshop:

- | | | |
|---|--|---|
| <input type="checkbox"/> Mantoux test | <input type="checkbox"/> Tetanus | <input type="checkbox"/> Flu vaccine |
| <input type="checkbox"/> Shingles vaccine | <input type="checkbox"/> Hepatitis B vaccine | <input type="checkbox"/> H1N1 (Swine Flu Vaccine) |
| <input type="checkbox"/> Other _____ | | |

Please explain to me why I needed those immunizations and tests: Yes No

My medications - I take medications for:

- | | | |
|---|--|--|
| <input type="checkbox"/> Thyroid replacement | <input type="checkbox"/> Insulin | <input type="checkbox"/> Albuterol inhaler |
| <input type="checkbox"/> Hormone replacement | <input type="checkbox"/> Seizures | <input type="checkbox"/> Chemotherapy |
| <input type="checkbox"/> Antibiotics | <input type="checkbox"/> Lactaid pills | |
| <input type="checkbox"/> Other inhalers _____ | | |

Please explain to me why I need the medication I receive: Yes No

- I self-medicate I want to learn to self-medicate

Psychotropic Medications

- I take control of my feelings and my behavior with medications
- I take medication to help me relax
- I take medications that help me calm down
- I take medications for my anger
- I take medications to stop my obsessive disorder
- I take medications to help me focus

I take the following medications: _____

I tell someone if I feel sick after taking my medications.: Yes No

My Diet

I know how to read the labels on foods: Yes No

I want to learn how to choose foods that make me healthy: Yes No

This is the diet I am on/follow (*check all the diets you are on*):

- I am on a regular diet I follow a Kosher diet
 I can eat all foods I follow a Vegetarian diet

I am on a low fat/low cholesterol diet: Yes No

Fat and fatty deposits in my arteries can hurt my heart. I must also watch my weight.

I want to understand more about this diet: Yes No

I am on a low sodium diet: Yes No

Salt is another name for sodium. Salt can lead to high blood pressure.

I want to understand more about this diet: Yes No

I am on a gluten free diet: Yes No

Some people get sick if they eat food that has gluten in it- such as rye, wheat and barley. Many supermarkets have gluten free items made from rice.

I want to understand more about gluten-free foods: Yes No

I am on a diet low in sugar: Yes No

I follow a diabetic diet: Yes No

I follow a diet without concentrated sweets: Yes No

I want to understand more about this diet: Yes No

I am on a lactose-free diet: Yes No

My body cannot digest dairy products: Yes No

I want to understand more about lactose-free diets: Yes No

My Allergies

If my body shows something is wrong (reacts in a bad way) when in contact to a food, a medication, an animal, materials, grass, trees or flowers, I might have an allergy to that special thing.

I am allergic to:

- Dairy products Gluten I have asthma
 Dogs or cats Trees, grass or flowers Certain foods
 Medications Other

My Allergies

Allergies can cause side effects that are serious and can be dangerous to your health. Please tell someone if you experience the following:

- **Breathing problems**
- **Hives or itching**
- **Blurry vision**
- **Nausea/vomiting/diarrhea**
- **Dizziness**
- **Tightness of your throat**
- **A fast heart beat and pulse**

Checking Up On My Special Individual Needs

- I am a diabetic
- I use insulin
- I test my blood sugar levels several times a day
- I use: an insulin pump pills insulin needle
- I am careful with my needles and wash my hands before and after use
- I tell someone if I don't feel well

- I have a seizure disorder
- I see my doctor and have special tests for my condition
- I take my seizure medication as prescribed
- I might need to use a wheel chair at work for my safety. I lock my brakes when needed

- I have a problem with my thyroid gland (hypothyroidism) and take a special medication (replacement hormone) to keep my thyroid gland functioning
- I have blood tests to check my levels that tell the doctor whether to increase or decrease my medication
- I tell someone if my heart beats too fast or if I am tired and dizzy

- I have asthma
- Dust, pollen, animals and smoke can bring on an attack

Signs and symptoms of an asthma attack may be:

- **Tightening of the chest and difficulty in breathing**
- **A wheezing sound when breathing**
- **Pain in the chest area**

- I always carry my inhaler and medication with me
- I tell someone if I feel sick
- I have a heart disease

- I had a stent put in to my body to keep healthy blood flowing
- I carry an aspirin with me to take it if I have chest pain (and I tell someone: Yes No)

Skin/Hair and Nails

I tell someone if:

- My hair is falling out
- I have an itchy scalp
- I find a lump
- I have a rash
- I have marks and freckles on my skin that weren't there before
- I have flakes in my hair (dandruff)
- I have a sore that doesn't heal
- I bruise more
- My nails break easily and look yellowish

Eyes/Ears/Nose/Throat

- I wear glasses
- I take prescribed eye drops
- I wear hearing aids
- I report if I hear buzzing or if the hearing aids do not work
- I have wax in my ears and have it removed on a regular basis
- I take "blood thinners" (anticoagulants) that cause nose bleeds
- I tell my doctor if I have difficulty breathing through my nose
- I tell my doctor if I spit up blood
- I often choke when I eat
- I report if my vision is blurry
- I see a retina specialist
- I need hearing aids

I was diagnosed with:

- Parkinson's disease
- Post-polio
- I have a tracheostomy tube
- I learned to suction it and keep it clean
- I was prescribed a thickening powder in my drinks to prevent choking
- I avoid foods that make me choke
- I do not talk and eat at the same time
- ALS (Lou Gerhig's disease)
- Down syndrome

Dental Care

- I go to the dentist on a regular basis and have my teeth cleaned
- I wear dentures
- I take antibiotics before having dental work
- I report if my gums bleed or my teeth are loose

My Stomach

- I have a gastric tube
- I know how to care for my special equipment and I tell someone if it doesn't work
- I have acid reflux disease
- I take antacids and avoid foods and fruits with high acidity
- If I have blood when I move my bowels I report it
- If I have pain in my chest I report it

Chest pain could be a heart problem or a stomach problem. Someone should take you to the hospital to make sure: Yes No

My Heart and Lungs

My heart is a muscle that pumps life (oxygenated blood) to all parts of my body.

- I have heart disease
- I have been diagnosed with: _____
- I take medicine for my heart disease
- I have a heart murmur and take antibiotics before having dental work
- I have plaque in my arteries
- I take medication for high cholesterol
- I follow a low fat/low cholesterol diet
- I need to understand more about my diet
- I tell someone if I feel pain in my chest/feel sweaty/have trouble breathing

I need to understand more about my heart and lungs: Yes No

Blood pressure has two numbers. The higher number is the heart pumping (working) and the lower number is the heart at rest.

My blood pressure tells my doctor if I need special medication.

- I have high blood pressure and take medication
- I tell someone if I have a bad headache/feel dizzy
- I am on a low salt diet
- I have low blood pressure
- I tell someone if I feel dizzy

My **lungs** carry oxygen and help me breathe: Yes No

The stethoscope can pick up sounds that are not healthy. Listening to my respirations (breaths) will tell the doctor if I have a problem: Yes No

My Heart and Lungs

I have a breathing problem (respiratory problem) called:

- COPD (chronic obstructive pulmonary disease)
- Pneumonia
- Lung cancer
- Asthma

I will tell someone if I have any of the following symptoms:

- Trouble breathing
- Wheezing sound when I breathe
- Dizzy
- Cough up blood
- A fast heart beat with sweating
- Swelling of my feet ___ hands ___
- Feeling faint

Elimination

The kidneys are like a water filter that catches the waste and keeps my body healthy and flowing. The waste I eliminate is in my urine. Urine tests give valuable information about my well-being.

I have a kidney disease: Yes No

I am receiving treatment/medication: Yes No

I tell someone if my urine:

- Is cloudy
- Is less frequent or absent
- Has blood in it
- Has a strong smell
- Is frequent

The body also eliminates “waste” in the form of stools, or bowel movements. The stool is examined in order to find problems in our body and to treat those problems.

- I have Celiac disease
- I have a colostomy bag
- I want to learn how to care for my colostomy myself
- I tell someone if I have a problem with my colostomy
- I have hemorrhoids
- My hemorrhoids are being treated
- I add fiber to my diet
- I need to understand this information

I tell someone if:

- I have blood in my stools
- I have stopped moving my bowels
- I have diarrhea often
- I have trouble moving my bowels
- I have watery stools

Female Health

Menopause is the time when women stop getting their periods. The special hormones that helped protect my body and keep my bones strong and my skin moist are slowing down. Many treatments are available to help me stay healthy and fit.

I will tell my Nurse Practitioner/Doctor how I feel and ask for help: Yes No

I tell them if:

- | | |
|--|---|
| <input type="checkbox"/> I stopped getting my period | <input type="checkbox"/> My skin feels very dry and itchy |
| <input type="checkbox"/> I sweat at night and cannot sleep | <input type="checkbox"/> I get hot and sweaty all of a sudden |
| <input type="checkbox"/> I cry often and feel sad | <input type="checkbox"/> I forget things more |

Bones and teeth are affected by the loss of special hormones. Supplements like calcium are often given to help.

- I have osteoporosis
- I am being treated with medication
- I am being treated with intravenous treatments
- I see my dentist more for loose or broken teeth

The slowing down of hormone production can also affect my weight.

- I have gained more weight
- I am following a special diet
- I want help to lose weight

Last year's weight _____ This year's weight _____

I need help understanding this: Yes No

Self-examination is important to find any lumps or swellings that should be reported to the doctor. The bath or shower is a good place to do self-examination.

- | | |
|--|---|
| <input type="checkbox"/> I examine my breasts when I shower | |
| <input type="checkbox"/> I examine my nipples and tell someone if any liquid comes out | |
| <input type="checkbox"/> I want to learn how to do this | |
| <input type="checkbox"/> I tell someone if I find lumps or different marks on my breasts | |
| <input type="checkbox"/> I wear a bra that fits me | |
| <input type="checkbox"/> I had/have a yearly mammography | <input type="checkbox"/> My periods are painful |
| <input type="checkbox"/> I bleed a lot and have clots | <input type="checkbox"/> I had a hysterectomy |

I only want a female Doctor/Nurse Practitioner to examine me: Yes No

Men's Health

The prostate gland is the sex gland in men that has a fluid that mixes with another fluid and together produces sperm. When a sperm combines with a woman's special cell (ova), it can cause pregnancy and make a baby. The prostate gland is also near the tube that helps a man urinate.

I was diagnosed with the following:

- I have an enlarged prostate gland
- I have cancer of the prostate gland
- I am/have received treatment for my problem
- I have a hernia
- I have hemorrhoids

The following are signs and symptoms I will report to my Doctor/Nurse Practitioner:

- I have pain when I urinate
- My urine flow starts and then stops
- I saw blood in my urine
- I feel a lump on my breast
- My urine stream is thin
- My urine looks cloudy
- I feel a lump near my groin

Male and Female

- I practice safe sex
- I need information about safe sex
- I have my toenails clipped when needed
- I bathe/shower every day
- I brush my teeth after meals
- I clean myself after using the toilet
- I need help to clean myself
- I wear clean underwear daily
- My shoes are in good shape and are comfortable
- I wash my hands often and when I am supposed to
- My hair and nails are clean and groomed
- I tell someone if I need help with any of the above

Special Tools

- I wear hearing aids on the: left right both
- I have false teeth: Yes No They are comfortable: Yes No
- I communicate with: sign language a special talking computer
- I want to learn: sign language: how to use the computer
- I use a wheelchair that has good brakes and a seat belt: Yes No
- I need a wheelchair that has good brakes and a seat belt: Yes No
- I use a walker that has: rollating wheels no wheels that folds flat
- I have a brace on my: left leg right leg both legs

Special Tools

I have special socks that are under my brace: Yes No

I am visually challenged: Yes No

I know how to use Braille: Yes No

I want to learn how to use: Braille a talking computer

I use a cane that has a good rubber tip____ My cane doesn't have a rubber tip_____

I wear eye glasses for_____

The glasses are clean and in good condition: Yes No

I am examined by the eye doctor and have up-to-date prescriptions: Yes No

I have a prosthetic: arm____(L)____(R) leg____(L)____(R)

I report if the skin around my prosthesis is swollen, red, or bleeding: Yes No

I have a urinary catheter: Yes No

I take care of it myself: Yes No I want to learn to take care of it: Yes No

Special skills available at work

- I take part in the weight and blood pressure club and track my weekly weight and blood pressure
- I joined the Safety Committee and am active making my environment safe for everyone
- I use proper body mechanics at work to prevent injuries
- I learned the Heimlich maneuver and CPR on the mannequin
- I know how to call 911 if an emergency takes place
- I use proper hygiene when I cough or sneeze
- I wash my hands often and when I am supposed to
- I know First Aid

I am an interesting person

- I joined my public library
- I am learning to read
- I am learning to use a computer
- I registered to vote
- I can read the labels on food
- I choose healthier foods and watch my weight
- I attend many social and sporting events
- I have friends
- I know I can do many things and I will try to accomplish them
- I am not afraid to speak at my IHP meetings
- I am not afraid to ask for help
- I am terrific

My Personal Health Goals

Last year- I wanted to accomplish the following:

1) _____

2) _____

3) _____

Last Year's Outcome:

How did I do?

1) _____

2) _____

3) _____

This Year's Health Goals- I want to accomplish the following:

1) _____

2) _____

3) _____

4) _____

Name _____

Date _____

Notes from Author:

The Program Nurse and the adult can use this IHP Tool before, during and after the IHP Meeting. It can be added to or changed as needed. The purpose of this Tool is to educate the adult about his/her physical, emotional/cognitive, and social progress. I found it most heartbreaking to attend an adult's yearly meeting and hear the person spoken about in the third tense. Never asking the adult how they felt, how they wished to be treated and what their hopes and goals were for their future. This Tool is only a very small step in the direction of cultivating and giving voice to those who require our help towards their own personal growth.